

**Labor Organization Officer
and Employee Report**

**U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards**

Form approved - OMB No. 1215-0188
Expires 11-30-2002

015379

This report is mandatory under P.L. 96-237, as amended. Failure to comply may result in
criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 409, et seq.

1. Name and address of person filing

Andy Perry
1190 Durfee Ave., #200
S. El Monte, CA 91733

2. Name and address of labor organization

Miscellaneous Warehousemen Drivers
and Helpers Local 986
1190 Durfee Ave., Suite 200
S. El Monte, CA 91733

3. Position in labor organization

Business Representative

4. Date fiscal year ended

12/31/00

5. File number (if applicable)

U-1793

41743

Other appropriate data below. If, during the past fiscal year, you or your spouse or either child directly or indirectly had any of the following interests, indicate as specified in the questions set forth in the instructions:

1. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your labor organization represents or is actively seeking to represent.

6. Nature of Employer

Address of Employer

7. Nature of Interest. Transaction of record:

1. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent; or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of business

Address of business

American Income Life Insurance Co. P. O. Box 2608, Waco, Texas 76797

9. Business deals with

10. U.S. or PC is checked give trust or employer's name

A. Labor Organization B. Trust C. Employer

N/A

11. Nature and approximate dollar value of such dealings

Premium paid for AD&D Policy by insurance company
11/99 - 7/00 \$2.79

12. Nature of interest held or monetary value

Benefit of premium paid by insurance company; policy cancelled
effective 7/31/00 by Local 986.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13. Name and address of employer

Consultant

14. Nature of payment

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL ENCL'S

15. Signature and verification—The undersigned declares under the applicable provisions of the law, that all of the information in this report, including the documents incorporated herein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Andy Perry

At S. El Monte
City

CA

On 8-3-00
Date

Form LM-30 (Rev. 7-88)